Arizona State Office of Rural Health Webinar Series
Webinar Tips & Notes

- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recording will be posted on the AzCRH www.crh.arizona.edu/ and the SWTRC www.southwesttrc.org/
Arizona State Office of Rural Health Monthly Webinar Series

Provides technical assistance to rural stakeholders to disseminate research findings, policy updates, best-practices and other rural health issues to statewide rural partners and stakeholders.

Thank you to our partners in delivering this webinar series:
Today’s presentation:
The Power of Rural Communities in Action:
Responses to the Opioid Crisis in Rural Arizona

November 16, 2017  #powerofrural

National Rural Health Day
Celebrating the Power of Rural!
IT’S NOT JUST A DAY, IT’S A MOVEMENT.
The Power of Rural Communities in Action: Responses to the Opioid Crisis in Rural Arizona

- Introduction and Scope of the Issue
- Arizona Department of Health Services: First Responders Comprehensive Addiction & Recovery Act Grant
- Arizona Rural Women’s Health Network: FORHP Rural Health Opioid Program Grant
- Southern Arizona Hospital Alliance: FORHP Rural Health Network Development Planning Grant
- Arizona Center for Rural Health FORHP Opioid Focus Support for Critical Access Hospitals
- Comments and Discussion
Arizona’s Opioid Epidemic

Daniel Derksen MD, Director

Arizona Center for Rural Health

11/16/17

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The AzCRH Mission is “to improve the health & wellness of rural and vulnerable populations.”

Programs:
1. State Office of Rural Health
2. Rural Hospital Flexibility Program
3. Small Hospital Improvement Program
4. AzCRH Navigator Consortium
5. W Region Public Health Training Center
6. SAMHSA-ADHS AZ First Responders
7. AZ Prescription Drug Misuse/Abuse Initiative

http://crh.arizona.edu

Dan Derksen, MD
There is no completely ‘safe’ dose or duration of prescription opioids – anyone can become addicted, or die from them.

Largest increases in probability of continued opioid use (>1 to 3 years):

- Prescribing opioids for > 5 days and > 30 days duration.
- Taking >700 MME* cumulative dose.
- Initiating treatment with a long acting opioid.
- Filling a second opioid prescription.

*MME = morphine milligram equivalents

https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm?s_cid=mm6610a1_w
https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm?s_cid=mm6610a1_w
Arizona Opioid Deaths 2007 to 2016


Dan Derksen, MD
Over two Arizonans die each day from opioid overdoses, over half related to prescription opioids.
Arizona declares opioid crisis a public-health emergency
Ken Alltucker, The Republic | Azcentral.com June 5, 2017

With 790 Arizona residents dead from opioid overdoses last year, Gov. Doug Ducey declared a public-health emergency that seeks to bolster the state's efforts to counter the epidemic.


Dan Derksen, MD
Initiative Strategies

**Strategy 1** - Reduce illicit acquisition and diversion of prescription drugs

**Strategy 2** - Promote responsible prescribing and dispensing policies and practices

**Strategy 3** - Enhance Rx drug practice and policies in law enforcement

**Strategy 4** - Increase public awareness and patient education about Rx drug misuse and abuse

http://substanceabuse.az.gov/substance-abuse/rethink-rx

**Strategy 5** - Enhance assessment and referral to substance abuse treatment

Dan Derksen, MD
Addressing Prescription Opioids

ARIZONA OPIOID PRESCRIBING GUIDELINES
A voluntary, consensus set of guidelines that promote best practices for prescribing opioids for acute and chronic pain

NOVEMBER 2014

ARIZONA OPIOID PRESCRIBING GUIDELINES
A voluntary, consensus set of guidelines that promote patient safety and best practices if prescribing opioids for acute and chronic pain.

Last Revision: November 5, 2017

Dan Derksen, MD

Prescribing Guidelines: Treatment of Acute Pain

1. Use non-opioid medications and therapies as first-line treatment for mild and moderate acute pain.

2. If opioids are indicated for acute pain, initiate therapy at the lowest effective dose for no longer than 3-5 day duration, and reassess if pain persists beyond the anticipated duration.


Dan Derksen, MD
From Toolkit to Online Modules

ARIZONA OPIOID PRESCRIBING GUIDELINES
A voluntary, consensus set of guidelines that promote patient safety and best practices if prescribing opioids for acute and chronic pain.

Opioid Prescribing CME Courses: Responding to the Public Health Emergency
Online courses offering free AMA PRA Category 1 Credit™ to help Arizona prescribers use pain management best practices.

vlh.com/AzPrescribing

Dan Derksen, MD

Click on Sample Opioid Prescribing Guideline Teaching PPT

Dan Derksen, MD
Useful Arizona Websites

1. Arizona Prescription Drug Misuse & Abuse Initiative Toolkit [www.RethinkRxAbuse.org](http://www.RethinkRxAbuse.org)
3. Dropbox Locations: [www.dumpthedrugsAZ.org](http://www.dumpthedrugsAZ.org)
7. Arizona Prescription Monitoring Program (PMP) [https://pharmacypmp.az.gov](https://pharmacypmp.az.gov)
How can you help?

Prescribing Providers:
1. Take the CME courses! [https://www.vlh.com/azprescribing/](https://www.vlh.com/azprescribing/)
3. Post and share websites, CME link on your website, [https://www.vlh.com/azprescribing/](https://www.vlh.com/azprescribing/)
4. Send Arizona Opioid Prescribing Guideline requests to Lacie, [lacie.ampadu@azdhs.gov](mailto:lacie.ampadu@azdhs.gov)
5. Work with today’s speakers and local coalitions.

Contact Jennifer Peters to reach speakers: [petersjs@email.arizona.edu](mailto:petersjs@email.arizona.edu) or call (520) 626-2254

Dan Derksen, MD
Arizona’s First Responders Comprehensive Addiction & Recovery Act Grant

Dr. David James Harden, JD, NREMT
Strategic Planning & EMS Recognition Programs Manager
Bureau of EMS and Trauma System
Arizona Department of Health Services

16 November 2017
Overview

• Grant Period
  – Four-Year Grant Term (10/2017-09/2021)
  – $3.1 million total funding from SAMHSA

• Key Grant Partners
  – Arizona Department of Health Services
    • Bureau of EMS & Trauma System
  – University of Arizona
    • Arizona Center for Rural Health (AzCRH)
    • Center for Population Science and Discovery (AzCPSD)
  – Arizona Peace Officer Standards and Training board (AZPOST)
Three-Part Initiative

• **Naloxone (Initiatives 1 & 2)**
  – Statewide naloxone delivery system for First Responders
  – Statewide acute opioid-overdose recognition and naloxone administration training program for First Responders

• **Goals:**
  – Facilitate naloxone delivery to 100% of First Responders seeking naloxone
  – Provide training opportunities to 100% of First Responders seeking training

❖ Initial emphasis on areas disproportionately impacted by the opioid crisis, then expanding statewide
Three-Part Initiative

• **SBIRT-EMS (Initiative 3)**
  – Establish a targeted First Responder SBIRT program in the out-of-hospital setting to provide appropriate interventions and referrals to care.

• **Goals**
  – Decrease opioid-related 911 Calls by 25%
  
  ✷ Pilot in 2 rural and 2 urban counties disproportionately impacted by the opioid crisis, then expanding statewide
Advisory Council

- Arizona Department of Health Services
- AZ Center for Rural Health
- AZ Center for Population Science & Discovery
- AZ Peace Officer Standards and Training Board
- Governor’s Office of Youth, Faith & Family
- AZ High Intensity Drug Trafficking Area
- AZ Public Health Association
- AZ Ambulance Association
- AZ Fire Chiefs Association
- AZ Fire District Association
- AZ Society of Interventional Pain Physicians
- AZ Advisory Council on Indian Health Care
- Sonoran Prevention Works
- United States DEA
- Arizona Superior Court
- AZ Hospital & Healthcare Association
- AZ Health Care Cost Containment System
Contact Information:

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Arizona Rural Women's Health Network

**Mission** - To build our network partners' capacity to cultivate and promote innovative policies and practices that improve the health of women in Arizona.

**Vision** – Women in Rural AZ will experience optimal health and wellness.
Background

- Initiative started in 2006 and AzRWHN formalized in 2007
- Address the lack of health care information, services, and education available to rural health care providers
- 2015 HRSA RHND grant for Sexual Violence
- 2017 HRSA RHOP grant Opioid Use Disorder
Rural Opioid Crisis
Impact on Women’s Health

• Overdose deaths due to prescription painkillers for women have increased at almost double the rate of men.

• Women are at increased risk for chronic pain and then more likely to be prescribed opioids.

• About 66% of caregivers are women, which can impact their physical and mental health, risk factors for increased opioid use and/or substance misuse.

• ADHS Dashboard shows 41% of opioid overdoses are female.
1. Strengthen the capacity of AZRWHN to improve health information and services for women and their families in rural Arizona.

2. Increase knowledge and utilization of the Screening, Brief Intervention and Referral to Treatment (SBIRT) model through education and implementation support to rural Arizona providers.

3. Positively impact rural women’s health through collaboration, advocacy and policy change.
Geographic Service Area
Strengths in Rural Communities

• Learn from existing OUD and screening efforts by Network members and partners
• AIMS Funding for CHCs
• Currently we are identifying community strengths, collaborations and efforts to address OUD
• Rural communities capacity to work collaboratively
Outlook

• Increase awareness of opioids and prevention within rural AZ communities
• Improve service coordination for rural women with OUD
• Enhance knowledge and awareness of specific issues related to rural women with OUD
• Increase collaborations and services to address OUD
• Reduce stigma – in the community and among rural providers
• Implement SBIRT practices to address OUD
Supporting Efforts

- Connect / collaborate with us
- Share your experiences (easy and hard roads)
- What are the existing resources and gaps
- What does your community need to address OUD

Alone we can do so little, together we can do so much.
--Helen Keller
For more information

www.AzRWHN.org
Twitter.com/ArizonaRWHN
Facebook.com/ArizonaRWHN

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Southern Arizona Opioid Consortium

Rural Health Network Development Planning Grant
With the view that the future direction of health care requires stronger connections and collaboration, five independent, nonprofit community hospitals announced the formation of the Southern Arizona Hospital Alliance in 2015 to improve the health and well-being of the communities served.

The nonprofit Southern Arizona Hospital Alliance includes independent hospitals from Benson, Bisbee, Safford, Tucson and Willcox.
Our Why

- An average of 26% of adults living in Southern Arizona’s rural counties report current prescription drug misuse
- Less than 30% of prescribers across the region are using the Prescription Drug Monitoring Program
- The rate of fatal opioid overdose in rural areas is as high as or higher than rates in metropolitan areas
- Use of naloxone is 22% higher and drug-related deaths are 45% higher in rural areas
- Opioid-related overdose deaths have increased exponentially in rural communities over the past three years
Grant Aims:

1. Achieve efficiencies by collaboration with behavioral health, schools, hospitals and police in rural communities
2. Expand coordination of health care services related to opioid misuse
3. Strengthen the rural health care system in So. AZ by better addressing opioid misuse through innovative collaborations and strategies
Service Area:
Strength: Mission & Vision

We aspire to improve and expand care coordination related to misuse of opioids and management of opioid-use disorder in Southern Arizona communities.

We will diminish opioid misuse and dependence across rural communities in Southern Arizona through increased, consistent and unified messaging.

We will implement school and community education, ED opioid best practices, and increase opioid referrals to behavioral health partners.
Strength: Consortium

• Like-minded interests that benefit all
• Commitment - MOUs
• Steering Committee led by NCCH CEO, Roland Knox
• Expert team leaders
  1. Care Coordination
  2. Behavioral Health
  3. Education
Strength: Charters

Defines:

- Scope of work
- Mission & Vision
- Governance
- Commitment
- Communication
- Key Measures
- Key Goals & Deliverables

Chart: Southern Arizona Opioid Consortium (SAOC)

Scope: HRSA Grant Award to Cochise Community Hospital in partnership with the Southern Arizona Hospital Alliance

Mission: We aspire to improve and expand care coordination related to misuse of opioids and management of opioid-use disorder in Southern Arizona communities.

Vision: We will diminish opioid misuse and dependence across rural communities in Southern Arizona through increased, consistent, and unified messaging. We will implement school and community education, opioid best practices, and increase opioid referrals to behavioral health partners.

Governance: Steering Committee supported by Education Team, Care Coordination Team, Behavioral Health Team.

Commitment: Each member will sign a Memorandum of Understanding. Each member will represent the needs of their organizations, patients, and community and agree to information sharing.

Communications:
- How are decisions made?
  - Through the use of discussion that involves representatives from each Team, the Steering Committee will consider all ideas and suggestions brought forward.
- To whom and how often does the team report its activities, barriers, and results?
  - Members, Teams, and the Steering Committee will communicate electronically, by phone or face-to-face to all team members and report activity, barriers and results monthly.
- Frequency of meetings: TBD.

Key measures:
- Improve care coordination efficiency by adopting best practices including but not limited to the information provided in Arizona Opioid Prescribing Guidelines and the AZ Rx Drug Misuse & Abuse Initiative Toolkit.
- Expand coordination of care including a behavioral health referral for all with opioid-use disorder.
- Reduce opioid misuse by increasing community education in partnership with schools, first responders, and like-minded agencies.

Key goals & deliverables:
- Develop and implement the Arizona Opioid Prescribing Guidelines and the AZ Rx Drug Misuse & Abuse Initiative Toolkit.
- Develop a policy and process for efficient behavioral health referrals when opioid use presents.
- Ensure patients and families in each community have access to education resources.

Collect monthly data on:
- Number of opioid prescriptions
- Number of hospital and healthcare provider screenings
- Number of outreach encounters
- Number of community education sessions
- Number of behavioral health referrals
Future Outlook?

• Standard classroom education in all school districts for grades 6 through 9
• Grassroots and family-based prevention education
• Behavioral health referrals by every caregiver every time
Stakeholder Support

- Remain involved!
- Communicate & Educate
- Share best practices
- Understand that opioid use is a disorder and not a lack of moral character
- Stay current

azhealth.gov/opioid
Contacts

• Northern Cochise Community Hospital
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    • 520-507-4269 (c)
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• Southern Arizona Hospital Alliance (SAHA)
  – Hope Thomas, Network Director
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Arizona Rural Hospital Flexibility Program: Opioid-Focus Supplement

Jill Bullock
Jennifer Peters
Arizona Center for Rural Health
11/16/17

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Points to Cover

- Introductions/Background of National Program
- Overview of AzFlex Program Goals by Area
- Supplemental Funding
- AzCAHs selected for Supplemental Funding
Background

HRSA
Health Resources and Services Administration

FORHP
Federal Office of Rural Health Policy

HSD
Hospital State Division

SORH
SHIP
FLEX
**Flex Program**: Established through the Balanced Budget Act of 1997 and subsequently revised through other Federal Laws.

**Program Aim**: Improve access to preventive and emergency health care services for rural populations.

**Core Function**: Designate Critical Access Hospitals (CAHs) in each state by supporting efforts to assess benefits of conversion.

Critical Access Hospitals (CAH)

Requirements for CAH Designation

• Have no more than 25 inpatient beds
• Maintain an annual average length of stay of no more than 96 hours for acute inpatient care
• Operate 24-hour, 7-day-a-week emergency care
• Be in a rural area, at least 35 miles from another hospital or less than 35 miles in some circumstances, e.g., mountainous terrain
## Flex Program Primary Goals

<table>
<thead>
<tr>
<th>Program Area</th>
<th>Goal</th>
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<tbody>
<tr>
<td>Quality Improvement</td>
<td>Improve the quality of care provided by AzCAHs</td>
</tr>
<tr>
<td>Financial and Operational Improvement</td>
<td>Improve financial and operational outcomes of AzCAHs</td>
</tr>
<tr>
<td>Population Health Management &amp; EMS Integration</td>
<td>Understand community health &amp; EMS needs</td>
</tr>
<tr>
<td></td>
<td>Improve identification and management of Time Critical Diagnosis (TCD) (FY 2016, 2017)</td>
</tr>
<tr>
<td>Supplemental Program Area</td>
<td>Goals</td>
</tr>
<tr>
<td>---------------------------</td>
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</tr>
<tr>
<td>Substance Abuse</td>
<td>Prevention: Implementing new pain management policies and community education</td>
</tr>
<tr>
<td></td>
<td>Treatment: Training law enforcement and community training on use of naloxone, implementing new ED policies for overdose patients, connecting overdose patients with longer term treatment options</td>
</tr>
</tbody>
</table>
Participating Arizona Critical Access Hospitals

Out of the 40 CAHs nationally:

Rankings:
#4 – White Mountain RMC
#5 – Sage Memorial
#19 – Little Colorado MC
#20 – Hopi Health Care Center
#46 – Cobre Valley
Hospital Activities that can be supported:

- **Community Relationships**
  - Better connections to county coalitions, local health departments, and EMS systems

- **Screening & Assessments**
  - Implement SBIRT (screening, brief intervention, referral to treatment) tools in Emergency Department and outpatient clinics
Hospital Activities that can be supported:

• Referral & Treatment
  • Increase awareness of substance misuse/abuse treatment services
  • Increase access to MAT (Medically-Assisted Treatment)
  • Increase access to and use of naxolone kits

• Provider Education & Awareness
  • Implement recommendations from the Prescription Drug Misuse & Abuse Toolkit
  • Use the Prescription Drug Monitoring Program as required (for example, integrate with EMR systems)
Contact Information

AzFlex Team

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- Jill Bullock | bullock1@email.arizona.edu | 520.626.3722
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- Bryna Koch | brynak@email.arizona.edu | 520.626.6253
- Jennifer Peters | petersjs@email.arizona.edu | 520.626.2254
1. ACA is still the law.
2. Open Enrollment is shorter than last year, make a free appointment today at www.coveraz.org/connector!
3. Most people in AZ are eligible for financial assistance.
4. Health insurance coverage helps individuals access mental and behavioral health services.

1-800-377-3536

Wednesday, November 1, 2017 to Friday, December 15, 2017
Thank you

Questions?
Your opinion is valuable to us
Please participate in this brief survey:

https://uarizona.co1.qualtrics.com/jfe/form/SV_0B3lM1VUJ0NTFPf

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